

**SAMPLE SERVICE MEMBER NOTIFICATION OF COMMANDING OFFICER
REFERRAL FOR MENTAL HEALTH EVALUATION**

Date:

MEMORANDUM FOR (Service member's rank, name and SSN)

FROM: COMMANDING OFFICER, (Name of Command)

SUBJECT: Notification of Commanding Officer Referral for Mental Health Evaluation (Non-Emergency)

1. References:

a. DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997

b. DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," August 28, 1997

c. Section 546 of Public Law 102-484, "National Defense Authorization Act for Fiscal Year 1993," October 1992

d. DoD Directive 7050.6, "Military Whistleblower Protection," August 12, 1995

2. In accordance with references (a) through (d), this memorandum is to inform you that I am referring you for a mental health evaluation.

3. The following is a description of your behaviors and/or verbal expressions that I considered in determining the need for a mental health evaluation: (Provide dates and a brief factual description of the Service member's actions of concern.)

4. Before making this referral, I consulted with the following mental health care provider(s) about your recent actions: (list rank, name, corps, branch of each provider consulted) at (name of Medical Treatment Facility (MTF) or clinic) on (date(s)). (Rank(s) and name(s) of mental healthcare provider(s)) concur(s) that this evaluation is warranted and is appropriate.

OR

Consultation with a mental healthcare provider prior to this referral is (was) not possible because (give reason; e.g., geographic isolation from available mental healthcare provider, etc.)

5. Per references (a) and (b), you are entitled to the rights listed below:

a. The right, upon your request, to speak with an attorney who is a member of the Armed Forces or is employed by the Department of Defense who is available for the purpose of advising you of the ways in which you may seek redress should you question this referral.

b. The right to submit to your Service Inspector General or to the Inspector General of the Department of Defense (IG, DoD) for investigation an allegation that your mental health evaluation referral was a reprisal for making or attempting to make a lawful communication to a Member of Congress, any appropriate authority in your chain of command, an IG, or a member of a DoD audit, inspection, investigation or law enforcement organization or in violation of (reference(a)), DoD Instruction (reference (b)) and/or any applicable Service regulations.

c. The right to obtain a second opinion and be evaluated by a mental healthcare provider of your own choosing, at your own expense, if reasonably available. Such an evaluation by an independent mental healthcare provider shall be conducted within a reasonable period of time, usually within 10 business days, and shall not delay nor substitute for an evaluation performed by a DoD mental healthcare provider.

d. The right to communicate without restriction with an IG, attorney, Member of Congress, or others about your referral for a mental health evaluation. This provision does not apply to a communication that is unlawful.

e. The right, except in emergencies, to have at least two business days before the scheduled mental health evaluation to meet with an attorney, IG, chaplain, or other appropriate party. If I believe your situation constitutes an emergency or that your condition appears potentially harmful to your well being and I judge that it is not in your best interest to delay your mental health evaluation for two business days, I shall state my reasons in writing as part of the request for the mental health evaluation.

f. If you are assigned to a naval vessel, deployed or otherwise geographically isolated because of circumstances related to military duties that make compliance with any of the procedures in paragraphs (3) and (4), above, impractical, I shall prepare and give you a copy of the memorandum setting forth the reasons for my inability to comply with these procedures.

6. You are scheduled to meet with (name and rank of the mental healthcare provider) at (name of MTF or clinic) on (date) at (time).

7. The following authorities can assist you if you wish to question this referral:

a. Military Attorney: (Provide rank, name, location, telephone number and available hours.)

b. Inspector General: (Provide rank/title, name, address, telephone number and available hours for Service and IG, DoD. The IG, DoD number is 1-800-424-9098.)

c. Other available resources: (Provide rank, name corps/title of chaplains or other resources available to counsel and assist the Service member.)

(Signature)

Rank and Name of Commanding Officer

I have read the memorandum above and have been provided a copy.

Service member's signature: _____

Date: _____

OR

The Service member declined to sign this memorandum which includes the Service member's Statement of Rights because (give reason and/or quote Service member).

Witness's signature: _____

Date: _____

Witness's rank and name: _____

Date: _____

(Provide a copy of this memorandum to the Service member.)

